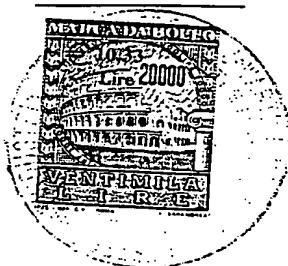




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9 NOV. 2000

IL DIRETTORE DELLA DIVISIONE

Paola Di...
[Signature]

PCT**REQUEST**

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum)

TIG-P7017-WO

Box No. I TITLE OF INVENTION**PRESSURIZED FLUID PIPE****Box No. II APPLICANT**

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)

TI GROUP AUTOMOTIVE SYSTEMS LIMITED
Lambourn Court
Abingdon
Oxfordshire OX14 1UH
United Kingdom

☐ This person is also inventor.

Telephone No.

Facsimile No.

Teleprinter No.

State (i.e. country) of nationality:

GB

State (i.e. country) of residence:

GBThis person is applicant ☐ all designated states ☒ all designated States except the United States of America ☐ the United States of America only ☐ the States indicate in the Supplement Box**Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)**

Name and address: (Family name followed by given name; for a legal entity, full official Designation. The address must include postal code and name of country)

BALBI, Paolo
I-16030 SORI
Via S Erasmo 10/1
Genova
Italy

This person is:

☐ applicant only☒ applicant and inventor☐ inventor only (If this check-box is marked, do not fill in below.)

State (i.e. country) of nationality:

IT

State (i.e. country) of residence:

ITThis person is applicant ☐ all designated states ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicate in the Supplement Box☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.**BOX No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: ☒ agent ☐ common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)

ATKINSON, RALPH
ATKINSON BURRINGTON
27-29 PRESIDENT BUILDINGS
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Telephone No.

0114 242 4581

Facsimile No.

0114 244 6050

Teleprinter No.

☒ Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS

If none of the following sub-boxes is used, this sheet is not to be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)

PICCO, Pierluigi
I-16036 RECCO
Piazzale Olimpia 36/15
Genova
Italy

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below)

State (i.e. country) of nationality:

IT

State (i.e. country) of nationality:

IT

This person is applicant for the purposes of:

☐

all designated states

☐

all designated States except the United States of America

☒

the United States of America only

☐

the States indicate in the Supplement Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below)

State (i.e. country) of nationality:

State (i.e. country) of nationality:

This person is applicant for the purposes of:

☐

all designated states

☐

all designated States except the United States of America

☐

the United States of America only

☐

the States indicate in the Supplement Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below)

State (i.e. country) of nationality:

State (i.e. country) of nationality:

This person is applicant for the purposes of:

☐

all designated states

☐

all designated States except the United States of America

☐

the United States of America only

☐

the States indicate in the Supplement Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below)

State (i.e. country) of nationality:

State (i.e. country) of nationality:

This person is applicant for the purposes of:

☐

all designated states

☐

all designated States except the United States of America

☐

the United States of America only

☐

the States indicate in the Supplement Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below)

☐

Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. V DESIGNATION OF STATES

The following designations are hereby made under Rule 4.9 (a) (mark the applicable check-boxes; at least one must be marked):

Regional Patent

- ☒ **AP** ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierre Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☒ **EA** Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Krygyzstan, KZ Kazakstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ **EP** European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ **OA** OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, please specify):

- | | |
|--|--|
| <input checked="" type="checkbox"/> AE United Arab Emirates | <input checked="" type="checkbox"/> KZ Kazakhstan |
| <input checked="" type="checkbox"/> AG Antigua and Barbuda | <input checked="" type="checkbox"/> LC Saint Lucia |
| <input checked="" type="checkbox"/> AL Albania | <input checked="" type="checkbox"/> LK Sri Lanka |
| <input checked="" type="checkbox"/> AM Armenia | <input checked="" type="checkbox"/> LR Liberia |
| <input checked="" type="checkbox"/> AT Austria | <input checked="" type="checkbox"/> LS Lesotho |
| <input checked="" type="checkbox"/> AU Australia | <input checked="" type="checkbox"/> LT Lithuania |
| <input checked="" type="checkbox"/> AZ Azerbaijan | <input checked="" type="checkbox"/> LU Luxembourg |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> LV Latvia |
| <input checked="" type="checkbox"/> BB Barbados | <input checked="" type="checkbox"/> MA Morocco |
| <input checked="" type="checkbox"/> BG Bulgaria | <input checked="" type="checkbox"/> MD Republic of Moldova Madagascar |
| <input checked="" type="checkbox"/> BR Brazil | <input checked="" type="checkbox"/> MG Madagascar |
| <input checked="" type="checkbox"/> BY Belarus | <input checked="" type="checkbox"/> MK The Former Yugoslav Republic of Macedonia |
| <input checked="" type="checkbox"/> BZ Belize | <input checked="" type="checkbox"/> MN Mongolia |
| <input checked="" type="checkbox"/> CA Canada | <input checked="" type="checkbox"/> MW Malawi |
| <input checked="" type="checkbox"/> CH and LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> MX Mexico |
| <input checked="" type="checkbox"/> CN China | <input checked="" type="checkbox"/> MZ Mozambique |
| <input checked="" type="checkbox"/> CR Costa Rica | <input checked="" type="checkbox"/> NO Norway |
| <input checked="" type="checkbox"/> CU Cuba | <input checked="" type="checkbox"/> NZ New Zealand |
| <input checked="" type="checkbox"/> CZ Czech Republic | <input checked="" type="checkbox"/> PL Poland |
| <input checked="" type="checkbox"/> DE Germany | <input checked="" type="checkbox"/> PT Portugal |
| <input checked="" type="checkbox"/> DK Denmark | <input checked="" type="checkbox"/> RO Romania |
| <input checked="" type="checkbox"/> DM Dominica | <input checked="" type="checkbox"/> RU Russian Federation |
| <input checked="" type="checkbox"/> DZ Algeria | <input checked="" type="checkbox"/> SD Sudan |
| <input checked="" type="checkbox"/> EE Estonia | <input checked="" type="checkbox"/> SE Sweden |
| <input checked="" type="checkbox"/> ES Spain | <input checked="" type="checkbox"/> SG Singapore |
| <input checked="" type="checkbox"/> FI Finland | <input checked="" type="checkbox"/> SI Slovenia |
| <input checked="" type="checkbox"/> GB United Kingdom | <input checked="" type="checkbox"/> SK Slovakia |
| <input checked="" type="checkbox"/> GD Grenada | <input checked="" type="checkbox"/> SL Sierra Leone |
| <input checked="" type="checkbox"/> GE Georgia | <input checked="" type="checkbox"/> TJ Tajikistan |
| <input checked="" type="checkbox"/> GH Ghana | <input checked="" type="checkbox"/> TM Turkmenistan |
| <input checked="" type="checkbox"/> GM Gambia | <input checked="" type="checkbox"/> TR Turkey |
| <input checked="" type="checkbox"/> HR Croatia | <input checked="" type="checkbox"/> TT Trinidad and Tobago |
| <input checked="" type="checkbox"/> HU Hungary | <input checked="" type="checkbox"/> TZ United Republic of Tanzania |
| <input checked="" type="checkbox"/> ID Indonesia | <input checked="" type="checkbox"/> UA Ukraine |
| <input checked="" type="checkbox"/> IL Israel | <input checked="" type="checkbox"/> UG Uganda |
| <input checked="" type="checkbox"/> IN India | <input checked="" type="checkbox"/> US United States of America |
| <input checked="" type="checkbox"/> IS Iceland | |
| <input checked="" type="checkbox"/> JP Japan | <input checked="" type="checkbox"/> UZ Uzbekistan |
| <input checked="" type="checkbox"/> KE Kenya | <input checked="" type="checkbox"/> VN Viet Nam |
| <input checked="" type="checkbox"/> KG Kyrgyzstan | <input checked="" type="checkbox"/> YU Yugoslavia |
| <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea | <input checked="" type="checkbox"/> ZA South Africa |
| <input checked="" type="checkbox"/> KR Republic of Korea | <input checked="" type="checkbox"/> ZW Zimbabwe |

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit.

Box No. VI PRIORITY CLAIM		Further priority claims are indicated in the Supplement Box <input type="checkbox"/>	
The priority of the following earlier application(s) is hereby claimed:			
Country <i>(in which or for which, the application was filed)</i>	Filing Date <i>(day/month/year)</i>	Application No.	Office of filing <i>(only for regional or international application)</i>
item (1) IT	01.12.99 01 December 1999	SV99A000038	
item (2)			
item (3)			
Mark the following check-box if the certified copy of the earlier application is to be issued by the Office which for the purposes of the present international application is the receiving Office (a fee may be required):			
<input type="checkbox"/> The receiving Office is hereby requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) identified above as item(s)			
Box No. VII INTERNATIONAL SEARCHING AUTHORITY			
Choice of International Searching Authority (ISA) <i>(If two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):</i> ISA / EP			
Earlier search <i>Fill in where a search (international, international-type or other) the International Searching Authority has already been carried out or requested and the Authority is now requested to base the international search, to the extent possible, on the results of that earlier search. Identify such search or request either by reference to the relevant application (or the translation thereof) or by reference to the search request:</i>			
Country (or regional Office):		Date (day/month/year)	Number:
Box No. VIII CHECK LIST			
This international application contains the following number of sheets:		This international application is accompanied by the item(s) marked below:	
1. request : 04 sheets	2. description : 13 sheets	3. claims : 04 sheets	4. abstract : 01 sheets
5. drawings : 01 sheets			
Total : 23 sheets			
		1. <input type="checkbox"/> separate signed power of attorney	5. <input type="checkbox"/> Fee calculation sheet
		2. <input type="checkbox"/> copy of general power of attorney	6. <input type="checkbox"/> Separate indications concerning deposited micro-organisms
		3. <input type="checkbox"/> statement explaining lack of signature	7. <input type="checkbox"/> Nucleotide and/or amino acid sequence listing (diskette)
		4. <input type="checkbox"/> priority of document(s) identified in Box No. VI as item(s):	8. <input type="checkbox"/> Other (specify):
Figure No. 02 of the drawings (if any) should accompany the abstract when it is published.			
Box No. IX SIGNATURE OF APPLICANT OR AGENT			
<i>Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such a capacity is not obvious from reading the request).</i>			
RALPH ATKINSON, Appointed Agent Atkinson Burrington, GB		Monday, 27 November 2000	

For receiving Office use only	
1. Date of actual receipt of the purported international application:	2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority specified by the applicant: ISA / EP	
6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid	

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Date of receipt of the record copy by the International Bureau: